N.D. OF ALABAMA

FILED

CV-05-J-0513-S

## FOR USE BY INCARCERATED PERSONS

2005 MAR -9 PH 12: 5.9 IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ALABAMA

## APPLICATION TO PROCEED IN FORMA PAUPERIS

	Declaring that the personal and financial information I have given below	is true and cor	тесt, I apply to				
this	Court for authority to proceed with this case without prepayment of fees, co	osts, or securit	y.				
1.	Your full name: Steve Allen Wooten # 36684						
	Present mailing address:  316 INAUSTRIAL PART  AADEVILLE, AL. 3699	K. DRIVE					
2.	Are you presently employed?	Yes	No X				
	If the answer is "yes," give the name and address of your employer and the	amount of you	ır usual monthly				
salaı	ry or wages.						
	<u>Λ'/A</u>						
amo	If the answer is "no," give the name and address of your last employer, ount of the monthly salary or wages you were receiving.	when you last	worked, and the				
Date	e last worked:						
Mon	nthly earnings:						
3.	Have you received within the past twelve months any money from any of the following sources?						
	(a) Business, profession, or any form of self-employment?	Yes	_ No _				
	(b) Interest, dividends, rents, or investment income of any kind?	Yes	No X				

(c)	Pensions, annuities, or life insurance payments?		No 🔽
(d)	Gifts or inheritances?		No X
(e)	Any other sources?	Yes _X_	No
If the answe	er to any of the above is "yes," describe each source	of money and state the amoun	t received from
each during	the past twelve months.		
	BEFORE COMING IN		
4. How	much money do you own or have in any checking or	saving accounts, including yo	our prison or jail
account? \$ _	0		
5. Do y	you own any real estate, stocks, bonds, notes, au	tomobiles, boats, or other va	luable property
(excluding o	ordinary household items and clothing)?	Yes V	No
If the answe	er is "yes," describe the property and state its approx	imate value:	
	('AR, 1953 M	CROUDY MARC	NTS
		TION WAGON	
	<del></del>	# KAN CO	
		~ JUE.	
6. List	the persons who are dependent upon you for supp	ort, stating your relationship t	o them and how
	ontribute toward their support.		
•	ALONE		
	AE DEPENI	TANTS	
I de	clare (or certify, verify, or state) under penalty	of perjury that the forego	ing is true and
correct.			
Dated:	SIGNATI	JRE OF PLAINTIFF	t. #3669

## INFORMATION REGARDING PRISONER ACCOUNTS

Page 3 of 3

The Prison Litigation Reform Act, Pub. L. No. 104-134, §804, requires a prisoner seeking to proceed in forma pauperis to submit information regarding his prison or jail trust account for the six months preceding the filing of the complaint. This information must be obtained from the appropriate official of each prison or institution at which the prisoner is or was confined within the past six months. This information must be certified by prison or jail personnel and must include both the total deposits made to the prisoner's account each and every month for the preceding six months and the average monthly balance in the account each and every month during the preceding six months. Information for six full months must be provided.

trust account on this the	day of	nat he has the sum of \$ 19 I further				
provided below is true and correct.						
	Month/Year	Total Deposits Received	Average Account B			
Month 1	2-4-05-2-28-05	\$ 64.65	\$			
Month 2	3-1-05	<b>s</b>	\$ 10.00			
Month 3		\$	\$			
Month 4	-	\$	\$			
Month 5		\$	\$			
Month 6		\$	\$			
Current month (if less than full month)		\$	\$			
(ii less than idn month)						
I HSKED T	THE STAFF	Signature of Authorized Of				
FILL THIS C	at FOR Me	Signature of Authorized Of	ficer of Institution			
tex Teld M		Name of Institution				